

11-28-05

PART B - FEE(S) TRANSMITTAL

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NOV 22 2005

Mail Stop ISSUE FEE
 Commissioner for Patents
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7590

08/24/2005

Baniak Pine & Gannon
 Suite 1200
 150 N. Wacker Drive
 Chicago, IL 60606

11/29/2005 MAHMEED 00000074 09901509

01 FC:1501 1400.00 OP
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Certificate of Mailing or Transmission *Ex parte 11/29/05*

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Steven B. Courtright

(Depositor's name)

SB Courtright

(Signature)

November 22, 2005

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/901,509	07/09/2001	Brian H. Silver	5297/148	7026

TITLE OF INVENTION: DIAPHRAGM PUMP AND PUMP FOR DOUBLE-BREAST PUMPING

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/25/2005

EXAMINER	ART UNIT	CLASS-SUBCLASS
DESANTO, MATTHEW F	3763	604-074000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	1. _____ 2. _____ 3. BANIAK PINE & GANNON _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

MEDELA HOLDING AG

Baar, Switzerland

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

- Issue Fee
 Publication Fee (No small entity discount permitted)
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- A check in the amount of the fee(s) is enclosed.
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-0930 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature _____

Michael H. Baniak / Steven B. Courtright

Typed or printed name _____

Date _____

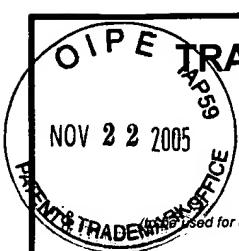
November 22, 2005

Registration No. _____

30,608 / 40,966

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

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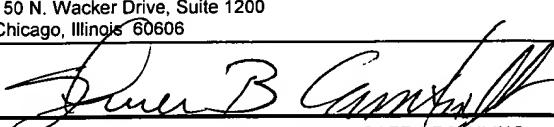
 <p>TRANSMITTAL FORM</p> <p>NOV 22 2005</p> <p>TRADEMARKS (used for all correspondence after initial filing)</p>	Attorney Docket No.	5297/148
	Application Number	09/901,509
	Filing Date	July 9, 2001
	First Named Inventor	Brian H. SILVER
	Group Art Unit	3763
	Examiner	Matthew F. Desanto

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Amendment / Response to Restriction/Election Req.	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Drawings	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> After Allowance Communication to Group	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input checked="" type="checkbox"/> Post Card Receipt
<input type="checkbox"/> Extension of Time Request (duplic)	<input type="checkbox"/> To Convert a Provisional Application	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Part B-Issue Fee Transmittal (PTOL-85) (+duplicate)
<input type="checkbox"/> Information Disclosure Statement, PTO-1449, art	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Check in the amount of \$1,700.00 for Issue and Publication fees
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Applicant claims small entity status.	<input type="checkbox"/>
<input type="checkbox"/> Response to Missing Parts/ Incomplete Application	<input type="checkbox"/> Request of Refund	<input type="checkbox"/>
<input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account No. 50-0930. A duplicate copy of this sheet is enclosed.		

CALCULATION OF FEE

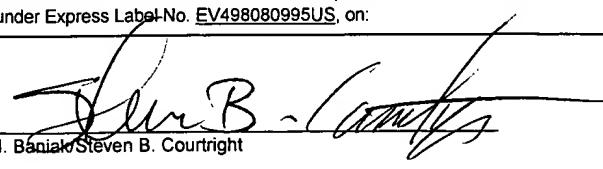
	Claims After Amendment	Minus	Highest No. Previously Paid For	Present Extra	Small Entity		Large Entity	
					Rate	Add'l Fee	Rate	Add'l Fee
Total		Minus		0	x \$9=	0	x \$18=	
Indep.		Minus		0	x \$42=	0	x \$84=	
First Presentation of Multiple Dep. Claim					+\$140=	—	+\$280=	
					total add'l fee	\$ 0	total add'l fee	\$ 0

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Michael H. Baniak, Reg. No. 30,608 Attorney for Applicants Steven B. Courtright, Reg. No. 40,966 Agent for Applicants		
BANIAK PINE & GANNON 150 N. Wacker Drive, Suite 1200 Chicago, Illinois 60606			
Signature			Date: November 22, 2005

CERTIFICATE OF MAILING

I hereby certify that this is being deposited with the U.S. Postal Service "Express Mail Post Office to Addressee" service under 37 CFR §1.10 on the date indicated below and is addressed to: Mail Stop Issue Fee, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, under Express Label No. EV498080995US, on: November 22, 2005

Signature		Date: November 22, 2005
Michael H. Baniak/Steven B. Courtright		